| Name of Lead<br>Agency           | SHIELDS for Families, Inc.   |
|----------------------------------|--|
| Location                         | Los Angeles, CA  |
| Title of Project                 | TAMAR Village Program  |
| Program<br>Option                | RPG 5-Year Grant; \$1,000,000 annually   |
| Geographic<br>Area and           | South Central Los Angeles  |
| Congressional<br>District Served | Congressional District 37  |
| Brief Program<br>Description     | SHIELDS for Families' Tamar Village Program was implemented to provide comprehensive substance abuse treatment services to families involved with the child welfare and criminal justice systems. Tamar Village is a unique model in which comprehensive family-centered treatment, follow-up and related social services are provided onsite in an apartment complex. SHIELDS for Families, with the Los Angeles County Department of Children and Family Services, the Los Angeles Sheriff's Department, the Los Angeles County Public Defender's Office, the Los Angeles County Alcohol and Drug Program Administration and the Corporation for Supportive Housing, ensured that the population with the greatest need is targeted and enhances the opportunities for families to maintain custody of their children while in treatment or, if in foster care, to have them returned as soon as possible. The overall goal of the Tamar Village Program was to provide a comprehensive family-centered treatment program that would achieve safety, permanency and well-being for the children and families served and enhance the service capacity in the community. |
| Target<br>Population             | <ul> <li>The project targeted:</li> <li>Pregnant and substance abusing mothers who were involved with the child welfare system and criminal justice system in South Los Angeles</li> </ul>   |
| Participants<br>Served           | Children: 92 Adults: 109 Families: 109   |
| Major Goals                      | <ul> <li>Major program goals included:</li> <li>Protecting children from abuse and neglect</li> <li>Improving permanency and stability in the child(ren)'s living situations</li> </ul>  |

|  | • Ensuring that the child(ren) have opportunities for healthy social and emotional development                                      |
|--|---|
|  | • Ensuring that the child(ren)'s educational, physical and mental health needs are met  |
|  | Enhancing the families' capacity to provide for children's needs  |
|  | <ul> <li>Increasing the region's ability to address parental or caretaker<br/>substance abuse and its effect on children</li> </ul> |
| Key Major<br>Program<br>Services         | Case Management and In-Home Services  |
|  | Intensive Case Management   |
|  | Family Group Decision-Making  |
|  | Wraparound/Intensive In-Home Services   |
|  | Parenting/Family Strengthening  |
|  | Manualized/Evidence-Based Parenting Program – Triple P  |
|  | Mental Health and Trauma Services for Adults  |
|  | Mental Health Services  |
|  | Trauma-Informed Services  |
|  | Trauma-Specific Services – Seeking Safety   |
|  | Engagement/Involvement of Fathers   |
|  | Targeted Outreach   |
|  | Specialized Program or Services for Fathers   |
|  | Family-Centered Substance Abuse Treatment Services  |
|  | Housing Services  |
|  | Housing Support Services  |
|  | Transitional/Temporary Short-Term Housing   |
|  | Specialized Outreach, Engagement and Retention  |
|  | <ul> <li>Cognitive Behavioral Strategies – Motivational Interviewing</li> </ul>   |
|  | Screening, Brief Intervention and Referral to Treatment (SBIRT)   |
|  | Co-location of Staff  |
| Partner<br>Agencies and<br>Organizations | Child Welfare   |
|  | <ul> <li>Los Angeles County, Department of Children and Family Services</li> </ul>  |
|  | (DCFS)  |
|  | Substance Abuse   |
|  | Los Angeles County Substance Abuse Prevention and Control (SAPC)  |
|  | Criminal Justice, Law Enforcement, Legal and Related Organizations  |
|  |   |

|   | Los Angeles County, Sheriff's Department   |
|---|--|
|   | Community Transition Unit (CTU)  |
|   | Public Defender  |
| Evaluation Design and Comparison Group Type | Quasi-experimental Same-Time, Matched Population-Level   |
|   | n  |
| Performance<br>Indicators                   | Permanency <u>Children Remain at Home:</u> Findings indicate that 50.0 percent of the women who engaged in treatment with their children were able to maintain custody throughout treatment.   |
|   | Reunification: Of the children in foster care, 16.7 percent were reunified with a parent or caretaker in less than 12 months, 48.0 percent of the children in foster care were reunified more than 12 months from the date of reunification.   |
|   | Child Well-Being   |
|   | Child Supportive Services: All children enrolled in the RPG program were assessed for developmental, mental health, primary pediatric care, substance abuse prevention and education and educational services. Children in the comparison group also received screening and assessment; however, at much lower rates. Of those in the comparison group, 23.0 percent were assessed for developmental services, mental health services and primary pediatric health care needs. Twenty-two percent were assessed for educational services.  |
| Sustainability<br>Status                    | The TAMAR Village Program was able to continue on a smaller scale past the award period. Program slots were reduced from 30 to 15 and the target population for TAMAR continued to be clients with child welfare and criminal justice issues. Assessments in the local women's jail were also able to continue. Monies from the Los Angeles County, Substance Abuse Prevention and Control Office and First Five L.A. were allocated to continue TAMAR Village. Additionally, SHIELDS for Families with the assistance from Community One Consulting and with funding from The James Irvine Foundation, developed a Family Centered Treatment Replication Model manual. SHIELDS staff has trained programs across California on this model and have presented the model at many national conferences. These presentations have included a section on implementing the Family Centered Treatment Model with families who have a criminal justice history and a child abuse history. |